

## **I. General Areas**

### **Administrative**

Havre Day Activity Center continues to provide an excellent array of services to individuals with developmental disabilities in the Havre area. More than 40 individuals receive residential services, there are almost 50 individuals receiving work/day services, and three individuals currently receive community support services.

In December 2002 HDAC was awarded "Reaccreditation with Distinction" for a period of three years from The Council. Their report, dated March 21, 2003 details numerous strengths and positive remarks regarding services provided by Havre Day Activity Center.

Fiscally, HDAC appears to be sound and there have been no complaints of outstanding/overdue financial reports, or billing problems reported by the Regional Manager or Administrative Assistant.

Appendix I criterion is satisfactory. Please refer to QAOS #3 for further information. I support HDAC's efforts to develop new schedules at the group homes that would increase the number of days each residential manager is on shift (from 4 to 5) **and** eliminating the need to call these managers on their days off.

Annual Group Home Licensing reviews were completed in February and March 2004. All six group homes were re-licensed until March 31, 2005. Please refer to QAOS #7 for more information.

HDAC employs a Registered Nurse to coordinate and manage medical needs of the individuals they serve. She works closely with the residential and day services managers and is HDAC's conduit to the medical community. This is an exceptional component of services offered by HDAC. The RN is also responsible to fill medication boxes weekly. Please refer to QAOS #1 for suggestions to simplify the medication administration and documentation process and create greater independence for consumers.

The policies and procedures of HDAC are comprehensive and easily accessible. Each employee of HDAC receives his/her own copy of the Personnel Manual at initiation of employment (see QAOS #2). This manual is in the process of being updated. The latest version of this product is dated November 2002.

## **II. Specific Services**

### **A. Residential**

During the time of the on-site visit HDAC was in the process of initiating a major staffing change. One Residential Manager had accepted a position in HDAC's Day Services as the Recycling Center Manager, two other Residential Managers were preparing to transfer to other residences, and a Residential Counselor was getting ready to assume duties as a newly promoted Residential Manager.

#### **i. HEALTH AND SAFETY**

The health and safety of consumers appears to be of utmost importance to the staff of HDAC. Consumers reside in facilities that are very home-like. Homes have a very neat and orderly appearance; are clean, comfortable, and inviting; and staff appear to be respectful of the people who live there, and of each other.

A review of all medication logs was completed. Dosages, times of administration, purpose of medication, and med certified staff names are documented on each med log sheet. All staff supervising or assisting in medication administration have current medication certification. There were instances in which the administration of medications was missing. This appears to be an oversight of staff as other medications administered for the same individual at the same time are documented. HDAC currently uses a documentation system that lists each medication on a separate sheet of paper for each administration time. This is a potentially confusing and cumbersome system. During the exit conference it was suggested that HDAC consider using a simplified system so that all of a person's medications are listed on single sheet of paper for each administration time. Pharmaceutical information sheets and sample pill attached for identification purposes is available in the med log or in an accompanying binder. During the survey consumers were observed being as independent as possible with the administration of their medications. Some were able to remove the pills from the pill boxes without assistance, and others were able to select their individual pill boxes, identify the slot for the appropriate time of day, and could define the purpose of each medication. Pill boxes are filled by the nurse for consumers who are not able to complete this without assistance.

A suggestion was made to switch to seven-slot med boxes that are color coded for various times of day rather than utilizing the current 28-slot med boxes. This could make it less confusing to select the correct slot and could also increase consumer independence in selecting the appropriate dosage for day and time. Medications are properly stored and secured.

To reduce medication errors HDAC has implemented a procedure whereby the staff person who is assisting consumers with their medications is observed by another staff. They have also counted pills in pill boxes at shift changes to reduce the possibility of staff having inappropriate access to medications. PRN medications are also properly stored and utilized in accordance with each individual's PRN protocol sheets. Medication administration observations are cited on QAOS #1.

New staff participate in an agency orientation and are scheduled for CPR/FA and Mandt training within 45 days of completion of orientation. Staff also receive training on individual consumer needs. One such training is a video for working with individuals who require lifting. During the on-site visit a first-person narrative was reviewed at one residence that described the person's likes/dislikes, important people in his life, and other pertinent information. This is a wonderful tool for new staff to get to know someone and the first-person writing format added a personal touch to the information. I would suggest completing a similar information page for other consumers, especially for those who cannot readily speak for themselves. QAOS #2 describes staff training.

Fire safety observations are noted on QAOS #8 and 9. Evacuation drills are conducted and documented monthly. Drills occur across shifts and also vary by day of the week and evacuation route. With the exception of one documented drill, in which the staff took great "writing liberties" response times are within acceptable limits. Smoke alarms and fire extinguishers are installed where required and are checked and serviced regularly. All facilities meet egress criterion. Evacuation routes with meeting places, and emergency phone numbers are clearly posted.

Hot water temperature in bathing areas was tested and all were below the maximum temperature of 120 degrees. Individualized bathing procedures are posted and readily accessed for individuals who require supervision while bathing or showering. These are reviewed and approved at IP meetings annually. See QAOS #9 for further information.

HDAC staff report all incidents involving consumer health and safety. Action is taken to address medical concerns and the staff nurse monitors all medically related incidents.

**ii. SERVICE PLANNING AND DELIVERY**

Please refer to QAOS #2, 10, and 11.

Planning objectives are in place for all individuals with training and support needs addressed. In general, data reflects that programs are implemented on time and conducted at required intervals. From IPs attended, desk reviews by the current and former QIS, and conversations with the Staff Training/program Coordinator regarding quarterly reports it appears that staff would continue to benefit from ongoing training and discussion about training or instructional versus support objectives. This is not unique to HDAC, but system-wide we must be encouraged to look at the supports we provide and examine them for opportunities to teach new skills and increase independence. The previous Quality Assurance Report also suggested utilizing more detailed assessments to identify skill deficits.

Staff surveyed were well aware of behavioral support protocol and were able to describe all components and intervention details. HDAC staff implement behavioral support programs consistently and maintain excellent data.

Within 45 days of the completion of New Employee Orientation staff are enrolled in CBT training. Residential Managers are enrolled in DDCPT classes. This is to be commended and encouraged as the DDCPT curriculum to teach individuals who are responsible for identifying and developing training objectives.

Client rights restrictions are reviewed, approved and/or revised annually at IP meetings, and as needed otherwise. Rights restrictions meet criterion indicated on restriction forms.

Residential consumers are quite involved in the community and their home lives are rich with options as observed in QAOS #10. There appear to be no inflexible house rules at any of the residences. People may choose to help with house chores and meal preparation times. Participation in daily leisure and recreational activities both in the home and in the community are encouraged, with many consumers initiating their own activities. Consumers surveyed indicated they are satisfied with their living environments.

**iii. STAFFING**

Havre Day Activity Center has a comprehensive orientation and training procedure for all new staff. Staff receive instruction in client rights, confidentiality, abuse/neglect/exploitation, incident reporting, emergency procedures, transportation, and other pertinent subjects. Additional training also occurs regarding specific consumers and the residence itself. Each staff person receives his/her own copy of HDAC's Personnel Policy Manual. This manual is in the process of being updated. Staff surveyed indicate they receive adequate training to complete their job duties. (Refer to QAOS #2.)

HDAC strives to maintain minimum staffing ratios in each of their residences. Staff recruitment and retention is an on-going concern and HDAC has employed a variety of approaches to recruit new staff as described in QAOS #3.

Emergency phone numbers are posted at each residence and back-up is available for staffing shortages or other emergencies. Staff surveyed were aware of the location of the emergency contacts and reasons they might be used. Please refer to QAOS #3.

Criminal background checks are completed on all new staff. As indicated on QAOS #4 HDAC has made a practice of scheduling new staff to work prior to the receipt of the background check. This continues to be an on-going concern, though possibly not easily remedied given the current employment market.

HDAC maintains certified Mandt instructors who teach all residential and work/day program staff.

Residential Managers receive DDCPT curriculum training, and Residential Counselors receive CBT training.

Staff satisfaction is not routinely surveyed by HDAC. During the on-site visit, however, staff spoke highly of HDAC and expressed satisfaction with their jobs. Staff also stated they enjoyed their relationships with the consumers of HDAC. Please refer to QAOS #5 for more detailed comments.

**iv. INCIDENT MANAGEMENT/APS**

HDAC maintains a “Summary of Reports” which summarizes residential service area incidents. HDAC is to be commended for this system of tracking incidents.

Surveys of residential staff indicate they are aware of who to call if they suspect or witness abuse, neglect or exploitation of consumers.

**B. Work/Day/Community Employment**

Havre Day Activity Center continues to offer a wide variety of employment opportunities for its consumers. Many consumers participate in community flower pot maintenance during the summer, janitorial contracts, recycling, and furniture refinishing.

HDAC is in the process of remodeling the building to the west of the Day Center into a new Wood Shop and will transfer the furniture refinishing business to this new location. There has also been some remodeling done in the Day Center that has created a variety of work/therapy spaces and allows consumers to have more choices in their day service routine.

As was noted earlier, the Recycling Center is undergoing a management change as the previous manager recently resigned and the ALC Residential Manager has been selected to fulfill this role.

**i. HEALTH AND SAFETY**

New staff participate in an agency orientation and are scheduled for CPR/FA and Mandt training within 45 days of completion of orientation. Staff also receive training on individual consumer needs. One such training is a video for working with individuals who require lifting.

This is a detailed video of actual HDAC consumers and the Adaptive Equipment representative. QAOS #2 describes staff training.

The day habilitation program areas and the industrial work areas (recycling and wood shop) provide safe working environments for staff and consumers. Consumers receive instruction and supervision when working in the industrial areas. The safety records in these areas continues to be excellent.

HDAC has a Safety Committee that meets regularly and also conducts monthly safety inspections of HDAC properties.

All health and safety incidents are properly reports and medical concerns are addressed in a timely fashion.

**ii. SERVICE PLANNING AND DELIVERY**

Planning objectives are in place for all individuals with training and support needs addressed. In general, data reflects that programs are implemented on time and conducted at required intervals. As discussed earlier, from IPs attended, desk reviews by the current and former QIS, and conversations with the Staff Training/program Coordinator regarding quarterly reports it appears that staff would continue to benefit from ongoing training and discussion about training or instructional versus support objectives.

Day service recipients have many opportunities for inclusion and normalization through work opportunities as detailed in QAOS #10.

Staff surveyed were well aware of behavioral support protocol and were able to describe all components and intervention details. HDAC staff implement behavioral support programs consistently and maintain excellent data.

Staff were also mindful of individuals with rights restrictions, and the components of the restrictions. Restrictions are reviewed, approved and/or revised at IP meetings.

HDAC prepares lunch for consumers at the Day Center. The kitchen and dining areas appeared clean and cared for.

**iii. STAFFING**

Havre Day Activity Center has a comprehensive orientation and training procedure for all new staff as identified in QAOS #2. Staff receive instruction in client rights, confidentiality, abuse/neglect/ exploitation, incident reporting, emergency procedures, transportation, and other pertinent subjects. Additional training also occurs regarding individual consumers, specific job duties and the work site. Each staff person receives his/her own copy of HDAC's Personnel Policy Manual.

During the on-site visit day program staff also expressed satisfaction with their jobs, training and supervision received, and their relationships with consumers. As with residential staff, day staff appear to have found the balance between supervisor, co-worker, care-giver, instructor, and friend of the consumers. See QAOS #3 and 5.

**iv. INCIDENT MANAGEMENT/APS**

As identified in the Residential section of this report, HDAC's "Summary of Reports" also contains a summary of incidents in the work/day environments. This summary is very helpful in tracking and identifying incident trends.

Staff surveyed during the on-site visit component of this review were well-versed in knowledge of how to respond to suspected or witnessed abuse, neglect or exploitation of consumers. Recently there was an incident of a staff being abusive to a consumer. HDAC promptly notified Adult Protective Services and took appropriate disciplinary action.

**C. Community Supports**

Three individuals currently receive Community Support from Havre Day Activity Center. See QAOS #12 for comments on this service.

**i. HEALTH AND SAFETY**

Essential needs are assessed upon entrance into Community Supports services and again annually. All health and safety requirements are met. Consumers indicate they feel safe and are satisfied with their services.

**ii. SERVICE PLANNING AND DELIVERY**

Service planning and delivery is individualized to meet the needs of each individual in this service. Documentation of services delivered is current and accurate.



Individuals receive a combination of residential and/or day habilitation and transportation services. Two individuals share ownership of a vehicle and receive some support to maintain this. They also have the option of requesting rides if they are not comfortable driving. An individual has requested and participated in First Aid/CPR and instruction in assisting with the administration of medications in hopes of being hired as a staff member.

Community Supports consumers interviewed indicated they are happy with their jobs and the supports they receive through this service.

**iii. STAFFING**

The Staff Training/Program Coordinator provides much of the training and supports for these consumers. Comments regarding staff training, satisfaction, and record keeping noted in residential and work/day services also apply here.

**iv. INCIDENT MANAGEMENT/APS**

HDAC's "Summary of Reports" noted in both the residential and work/day sections of this report also includes any incidents of Community Supports consumers. Again, this is an excellent tool to summarize and identify incident trends.

**D. Transportation**

HDAC maintains a fleet of vehicles to provide residential, leisure/social and vocational transportation services to the individuals they serve. Transportation to and from work is provided by vocational staff who arrive at the group home in their personal vehicles then use the agency van to transport individuals to their work sites. At the end of the workday, the process is reversed with staff transporting consumers back to the residences in the agency vans then picking up their own personal vehicles. This arrangement does occasionally present some challenges, especially when a day staff person needs their vehicle for personal business during the day. However, the Day Program Managers seem quite adept to making arrangements for their staff.

HDAC vehicles seem to be in sound condition and well maintained. Vehicles are inspected regularly and serviced as needed. Transportation logs are detailed and complete.

### **III. Conclusion**

Havre Day Activity Center continues to meet or exceed the service needs of individuals with developmental disabilities that they serve. I believe this is, in no small part, due to the level of commitment shared by the staff of HDAC. All staff I visited with and observed seemed to be genuinely caring and concerned about the individual consumers served by HDAC. This attitude was evident throughout the direct-care staff, and all levels of management.

The consumers I observed and visited with also appeared to be very content in their work and home environments. Several stated they were pleased with the services they receive from HDAC.

Havre Day Activity Center is to be commended for the quality services they provide. With the exception of a few minor issues, they are an outstanding program and should be recognized as such.

Thank you for your cooperation during this review process. I was made to feel welcome by every person I encountered. I look forward to developing our working relationship and providing support to the staff and consumers of Havre Day Activity Center.

Attachments to this report include QAOS sheets #1-12:

1. Medication Administration
2. Staff Training and Recordkeeping
3. Supervision of Staff
4. Criminal Background Checks
5. Staff Satisfaction
6. Accreditation
7. Group Home Licensing
8. Fire Safety
9. Consumer Health and Safety
10. Normalization
11. IP Programs
12. Community Supports